

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	mona Lisa Harrison		COURT CASE NUMBER	06-201-Gms
DEFENDANT	Attorney General of the State of Delaware		TYPE OF PROCESS	Service
SERVE ➡ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	Attorney General of the State of Delaware			
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	820 N. French Street, Wilmington, Delaware 19801			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:				
mona Lisa Harrison 660 Baylor Blvd New Castle, De 19720			Number of process to be served with this Form - 285	3
			Number of parties to be served in this case	3
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FOLD	
2006 SEP - 7	
FILED U.S. DISTRICT OF DELAWARE	

Signature of Attorney or other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input checked="" type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
mona Lisa Harrison		302-577-3004	8/29/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 15	District to Serve No. 15	Signature of Authorized USMS Deputy or Clerk BR	Date 9-5-06
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I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) KEITH BRADY, ASST SOLICITOR	A person of suitable age and discretion then residing in the defendant's usual place of abode. <input type="checkbox"/>	
Address (complete only if different than shown above)	Date of Service 9-6-06	Time 1100 am
Signature of U.S. Marshal or Deputy		

Service Fee 4500	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 4500	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: